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**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Capitalist Associates, LLC	
3020		ited Liability Company
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The en	closed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	ited Liability Company e submitted for filing. etter to the following:
	Allan J. Collins	Name of Person EFFECTIVE DATE 3 2011
	Capitalist Associates, LLC	
		Firm/Company
	630 S. Mangonia Circle	Address
	jallancollins@gmail.com	ity/State and Zip Code  I for future annual report notification)
For fur	ther information concerning this matter, pleas	se call:
Allan	J. Collins Name of Person	at (561 370-3307  Area Code & Daytime Telephone Number
	sed is a check for the following amount:  Filing Fee \$\int \frac{130.00}{2}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Capitalist Associates, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

### **Principal Office Address:**

**Mailing Address:** 

630 S. Mangonia Circle

West Palm Beach, FL 33401

630 S. Mangonia Circle West Palm Beach, FL 33401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Allan J. Collins

Name

630 S. Mangonia Circle

Florida street address (P.O. Box NOT acceptable)

West Palm Beach

<sub>FI</sub> 33401

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Allan J. Collins 630 S. Mangonia Circle West Palm Beach, FL 33401
(Use attachment if necessary)	
	an the date of filing: March 1, 2011 . (OPTIONAL oust be specific and cannot be more than five business days

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Allan J. Collins

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)